

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cocopa

District of Hayden

Town of Hayden

or Box 634

City of Box 634

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129

County Registrar No. 37

Local Registrar No. 37

No. 34 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ray Bouse Junior (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other No 5. No., in order of birth 1 6. Legitimate? Yes 7. Date of birth April 2 1925 Month Day Year

8. FATHER Full name Ray Bouse 9. Residence (Usual place of abode) Hayden Arizona If non-resident, give place and state. 10. Color or race White 11. Age at last birthday 20 (Years) 12. Birthplace (city or place) Hecht City Mo. (State or country) 13. Occupation Catroll Operator Nature of industry Smelter

14. MOTHER Full maiden name Jennie Huff 15. Residence (Usual place of abode) Hayden Arizona If non-resident, give place and state. 16. Color or race White 17. Age at last birthday 19 (Years) 18. Birthplace (city or place) Houston Georgia (State or country) 19. Occupation House wife Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of this child, who was Born alive at Hayden m. on the 2 day above stated (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Charles H. Heston M.D. (Physician or midwife). Address Hayden Arizona

Given name added from a supplemental report. Month, day, year April 10, 1925 Filed 1073 Local Registrar.

Registrar \_\_\_\_\_ County Registrar \_\_\_\_\_

925-402-386